

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission										3. Service										4. Employing Office Location										5. Duty Station										1. Agency Position No.																													
<input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other										7. Fair Labor Standards Act										8. Financial Statements Required										9. Subject to IA Action																																							
Explanation (Show any positions replaced)										<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt										<input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
Standard MWR NAF PD										10. Position Status										11. Position Is										12. Sensitivity										13. Competitive Level Code																													
										<input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)										<input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither										<input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive										14. Agency Use NAF																													
15. Classified/Graded by										Official Title of Position										Pay Plan										Occupational Code										Grade										Initials										Date									
a. Office of Personnel Management																																																																					
b. Department, Agency or Establishment																																																																					
c. Second Level Review										Recreation Specialist Water										NF										0188										03										SN										12-31-01									
d. First Level Review																																																																					
e. Recommended by Supervisor or Initiating Office																																																																					
16. Organizational Title of Position (if different from official title)																				17. Name of Employee (if vacant, specify)																																																	
18. Department, Agency, or Establishment																				c. Third Subdivision																																																	
a. First Subdivision																				d. Fourth Subdivision																																																	
b. Second Subdivision																				e. Fifth Subdivision																																																	
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.																				Signature of Employee (optional)																																																	
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that																				this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																																																	
a. Typed Name and Title of Immediate Supervisor																				b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)																																																	
Signature										Date										Signature										Date																																							
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.																				22. Position Classification Standards Used in Classifying/Grading Position																																																	
Typed Name and Title of Official Taking Action																				OPM PCS Recreation Specialist, GS-0188, TS-64 June 82, TS-36 Sept 79																																																	
S. J. NEW																				Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																																																	
Principal Classifier																																																																					
Signature										Date																																																											
23. Position Review										Initials										Date										Initials										Date										Initials										Date									
a. Employee (optional)																																																																					
b. Supervisor																																																																					
c. Classifier																																																																					
24. Remarks																																																																					
25. Description of Major Duties and Responsibilities (See Attached)																																																																					

NONAPPROPRIATED FUND POSITION DESCRIPTION JOB TITLE: Recreation Specialist (Water)
POSITION NUMBER 01-0134

Summary of Duties:

Plans, develops, and maintains a military aquatics and recreational program for a large community of active duty military, dependents, retirees, and authorized civilians in an area where the climate and other conditions favor a strong aquatics program. Plans, coordinates and schedules recurring activities, special events and joint community undertakings to maximize use of facilities and resources consistent with the military mission. Evaluates effectiveness of ongoing aquatics activities. Adapts and varies programs as necessary. Enforces rigid safety regulations to ensure maximum protection of swimmers.

Plans swimming programs, developing basic categories such as swim instructions, swim team competition, springboard diving, water exercise classes, etc., and may involve SCUBA instruction. Devises, improvises and adapts various activities to fit the conditions of water environment and to conform to limitations in funds, facilities, equipment and staff support.

May assist supervisor in developing annual budget, procurement of equipment, formulating long range plans, safety programs, and public relations undertakings.

Performs other related duties as assigned.

Minimum Qualifications:

Three years of experience that demonstrates knowledge of: water safety on an instructor level; cardiopulmonary resuscitation (preferably on an instructor level); basic and advanced first aid; and ability to independently develop and monitor a comprehensive aquatics program for a large community. Ability to use equipment to take pool and environmental readings. Must possess Water Safety Instructor (WSI), current Cardio-Pulmonary Resuscitation (CPR) and basic first aid certificates.

National and state background checks are required for positions that involve working with youth programs.